

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 213417

1. Entity Name

BRICE CONSTRUCTION, INC.

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90010 042 ***550.00

Principal Place of Business
5517 SW 69 TERR
GAINESVILLE FL 32608
US

Mailing Address
5517 SW 69 TERR
GAINESVILLE FL 32608
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-0843274	Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	HICKS, THOMAS P., JR.	NAME	
STREET ADDRESS	5517 SW 69 TERR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	MILLER, DAVID M	NAME	
STREET ADDRESS	5517 SW 69 TERR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	BRICE, CARLA	NAME	
STREET ADDRESS	5517 SW 69 TERR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	COX, ALISON L.	NAME	
STREET ADDRESS	5517 SW 69 TERR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	FERENCE, STEPHANIE A.	NAME	
STREET ADDRESS	5517 SW 69 TERR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #